



# LOS ANGELES COUNTY COMMISSION ON HIV

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*While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.*

## COMMISSION ON HIV MEETING MINUTES January 8, 2015

**Approved**  
**4/9/2015**

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS PRESENT (cont.)	COMMISSION MEMBERS ABSENT	DHSP STAFF
Michael Johnson, Esq., Co-Chair	Bradley Land	Alvaro Ballesteros, MBA	Kyle Baker
Ricky Rosales, Co-Chair	Ted Liso/Douglas Lantis, MBA	Alex Castillo	Carlos Vega-Matos, MPA
Joseph Cadden, MD	Abad Lopez	Lilia Espinoza, PhD	
Raquel Cataldo	Miguel Martinez, MSW, MPH	Lynnea Garbutt	
Kevin Donnelly	Ismael Morales	Kimler Gutierrez (pending)	<b>COMMISSION STAFF/CONSULTANTS</b>
Michelle Enfield	José Munoz	Lee Kochems, MA/ James Chud, MS	
Dahlia Ferlito, MPH (pending)	Mario Pérez, MPH		Dawn McClendon
Suzette Flynn	Gregory Rios	Patsy Lawson	Jane Nachazel
Aaron Fox, MPM	Juan Rivera/Rev. Alejandro Escoto, MA	Marc McMillin	Yeghishe Nazinyan, MS, MD
David Giugni, LCSW	Jill Rotenberg	Angélica Palmeros, MSW	James Stewart
Terry Goddard, MA	Sabel Samone-Loreca/Susan Forrest	Shoshanna Scholar	Nicole Werner
Grissel Granados, MSW/ Maria Roman	Terry Smith, MPA	LaShonda Spencer, MD	
	Jason Tran/Rob Lester, MPP	Terrell Winder	
Joseph Green	Monique Tula	Richard Zaldivar	
Ayanna Kiburi, MPH (by phone)	Will Watts, Esq.		
AJ King, MPH	Fariba Younai, DDS		
Mitchell Kushner, MPH, MD			
<b>PUBLIC</b>			
Robert Aguayo	Annabel Agustain	Ernesto Aldana	Tasia Anderson
René Bennett	Traci Bivens-Davis	Ribbi Mark Blumenthal	Jose Carmona
Marco Castro-Bojorquez	Efren Chaca	Stanley Chatman	Efren Chavez
Luis Chavez	Edd Cockrell	Jan Divine, RN	Whitney Engeran
Juan Espinoza	Destini Felix	Adolfo Flores	Thelma Garcia
Laila Gonny	Ricardo Gonza	Nestor Gonzalez	Shawn Griffin
Miguel Gutierrez	Timothy Hall	Joshua Hernández	Carl Highshaw
Miki Jackson	Billie Jean	Mike Jones	Uyen Kao
Jeffrey King	Joseph Leahy	Alfredo Losla	Yanira Reyes Lopez
Gloria Lucas	Karen Mark, MPH, MD (by phone)	Jon Marts	Eduardo Martinez

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PUBLIC (cont.)			
Kiesha McCurtis	Dulee Medina	Edwin Millan	Anthony Mills
Ayako Miyashita, Esq.	Chandi Moore	Angelica Muñoz	Ayaka Nakaji
Manuel Nava	Jasen Okunnaga	Leonardo Ortiz	Ron Osorio
William Paja	Alexander Pacach	Michael Pitkin	Craig Pulsipher, MPP, MSM,
Rolando	Gustavo Rodriguez	Martha Ron	Camilo Rosas
Gayle Rutherford	Bamby Salcedo	Mario Scott	A.Shajowic
Kevin Smith	Kevin Stalter	Joey Terrill	Michael Thompson
Lorena Vizarra	Sharon Wilson	Jason Wise	Matthew Zavala

**1. CALL TO ORDER:** Mr. Rosales opened the meeting at 9:15 am.

**A. Roll Call (Present):** Cadden, Cataldo, Donnelly, Enfield, Ferlito, Flynn, Forrest, Fox, Goddard, Granados/Roman, Green, Johnson, Kiburi, King, Kushner, Land, Lester, Liso/Lantis, Lopez, Martinez, Morales, Munoz, Pérez, Rivera, Rosales, Rotenberg, Smith, Tula, Watts, Younai

**2. APPROVAL OF AGENDA:**

**MOTION 1:** Approve the Agenda Order (*Passed by Consensus*).

**3. APPROVAL OF MEETING MINUTES:**

**MOTION 2:** Approve minutes from the 7/10/2014 and 8/7/2014 Commission on HIV meetings, as presented (*Passed by Consensus*).

**4. PUBLIC COMMENT (Non-Agendized or Follow-Up):**

- Mr. Pitkin accompanied two partners and many friends as they succumbed to AIDS. Some have said those not educated about financial issues should not comment extensively on them, but he felt a responsibility to speak for those who are gone, e.g., two noncitizen medical care options, but no full coverage option, were discussed at the last Consumer Caucus. The Caucus was advised advocacy for a full coverage option was impolitic, but he felt the Commission should speak up.
- Mr. Cockrell also heard grumblings towards the end of 2014 that many consumer comments were uneducated about the financial landscape in objecting to certain allocations. He said every voice matters and felt several populations were underserved, e.g., young women, the incarcerated, transgender people, the homeless and MSM especially people of color.

**5. COMMISSION COMMENT (Non-Agendized or Follow-Up):** There were no comments.

**6. HIV COMMUNITY COLLOQUIA SERIES: HIV CRIMINALIZATION: LAW, POLICY AND MODERNIZATION**

- Ayako Miyashita, Esq. Brian Belt HIV Law and Policy Fellow, The Williams Institute, UCLA School of Law presented on HIV Criminalization: Law, Policy and Modernization. A panel discussion followed with: Mr. Fox, Director, State Health Equity and Policy, Los Angeles LGBT Center; Mr. Pulsipher, State Affairs Specialist, AIDS Project Los Angeles; and Mr. Castro-Bojorquez, Community Educator, Western Region, Lambda Legal. Colloquia are co-sponsored by the Commission and the UCLA Center for HIV Identification, Prevention and Treatment Services (CHIPTS). Videos are posted on the CHIPTS website.
- Most criminal laws pertaining to HIV were written in the late 1980s to address perceived exposure risks largely based on outdated science. Such laws commonly either enhance penalties for existing laws based on HIV+ status or overlay usual public health laws with a higher penalty for HIV risk of exposure than for risk of exposure from other diseases.
- As of 2011, there were 67 laws remaining in the United States with 25 of 33 states criminalizing low risk acts. Modernization efforts include the HIV Organ Policy Equity (HOPE) Act, signed into US law in 2013, which allows PLWH to donate organs to other PLWH and the REPEAL HIV Discrimination Act introduced in the US Congress in 2013. A statewide work group has formed to review California criminal statutes and develop an effective modernization strategy including a possible bill.
- Civil issues are a separate area of law and generally have civil remedies, e.g., lawsuits based on civil or disability rights.
- Those interested in joining the work group may contact Mr. Castro-Bojorquez or Mr. Pulsipher.

**8. CO-CHAIRS' REPORT:** The Executive Committee has planned for Commission operations during the Executive Director's medical leave. Ms. McClendon and other staff were identified to continue ongoing work. He thanked DHSP for their assistance.

**A. City of Long Beach HIV Services:**

- Mr. Johnson reported Supervisorial District 4 requested input from the Commission on a request from AIDS Healthcare Foundation (AHF) to shift Ryan White (RW) funds from one of its other clinics to a site in Long Beach. Initially, it also requested additional funding, but eventually only requested the shift in funds. The Department of Public Health (DPH) and DHSP denied the request as it was not part of the most recent Ambulatory Outpatient Medical (AOM) competitive solicitation which identified successful bidders for service delivery according to a structured funding allocation per Service Planning Area. Allocation structure was based on data from the County's last assessment of unmet need.
- The Commission, as a Ryan White Planning Council, does not have oversight regarding procurement processes or contractor selection, but must assess service availability, service effectiveness, unmet need and planning for service delivery. It also periodically assesses effectiveness of the administrative mechanism which includes DHSP.
- In its role as a Board of Supervisors' County Commission, the Commission provides input, advises and evaluates any aspect of the County's HIV service continuum or the needs of the community as directed or requested by the Board.
- Mr. Engeran, AHF, said the Long Beach clinic now serves non-RW patients and provides STD screening in its wellness program. AHF values contractual frameworks, but seeks to serve its patients and felt the Medical Care Coordination (MCC) framework should support patient choice. Due to long County procurement processes, a new AOM RFP was not expected soon so AHF felt contractual flexibility was warranted given migration of patients due to ACA. He asserted 23,000 PLWH were estimated as unaware of their status or out of care suggesting sufficient need for another clinic.
- Ribbi Blumenthal, former Commission member, has been HIV+ since 1987, an AHF patient since 1994 and moved to Long Beach eight years ago. He also participated in writing the RW Act as Chair, AIDS National Interfaith Network in the 1990s. Due to ACA, he now had Medi-Cal and appreciated his ability to use a local AHF clinic. He supported amending the AHF contract so that funds can follow patients who move. Seven other AHF patients and volunteers joined him in identifying a patient's ability to choose his/her care provider as an important factor in entering and engaging in care.
- Mr. Pérez clarified that the three by two mile City of Long Beach includes 596 residents eligible for RW, per Casewatch. Of those, 377 clients access RW services at one of four existing RW-contracted clinics which also offer MCC consistent with all 40 County AOM sites. Current clinics are: Long Beach Comprehensive Health Center, Department of Health Services; CARE Program, St Mary's Medical Center; Long Beach Miller Memorial; and the City of Long Beach.
- The AOM contract was approved by the Board 11/20/2012. It reflects distribution of clinics based on an estimate of true RW-eligible patient distribution. The RW system has not always capitalized on patient eligibility for and revenue from Medicaid, Medicare and private insurance. Determining true RW-eligibility is needed to preserve the RW system.
- It is critical agencies understand their payer mix to develop operating budgets, i.e., accounting for revenue from RW, Medicaid, Medicare or private insurance. Agencies also engaged in a budget exercise to understand acuity of their PLWH patient mix since MCC RN and social worker teams are staffed to address both the number of patients and their acuity to appropriately meet needs. Meanwhile, the number of visits per patient per year has declined.
- All these factors impact availability of clinic operating funds. Adding a provider can have the unintended consequence of drawing patients from other sites and reducing their needed revenue. DHSP is sensitive to provider concerns about operating budgets, how to leverage Medi-Cal, and estimated revenue, patients and visits per patient per year. DHSP seeks to stabilize the RW system to ensure continuity of care in an environment with significant instability given ACA roll-out and challenges providers have already faced in adjusting to roll-out of AOM, Fee-For-Service (FFS) and MCC.
- Mr. Johnson felt, and Commission members affirmed, that in general terms the Commission supports patient choice.
- He asked Mr. Pérez if a County mechanism existed to shift funds within the AHF contract. Mr. Pérez replied he did not understand the request to be congruent with the solicitation DHSP released, endorsed by DPH and County Counsel, and approved by the Board to allow subsequent addition of service delivery sites that move RW resources. He also felt in the current environment it was improper to debate procurement and contract issues in a public forum.
- He added DHSP has a grievance line as part of the RW system - 800.260.8787. A client who does not believe s/he has received a level of care appropriate or consistent with the DHSP standard is encouraged to call. The line has been in place for years and a thorough follow-up is done. DHSP wants to ensure any suboptimal care is corrected.
- Ms. Jackson felt the discussion had focused too much on providers and the system rather than on consumers. She urged making the system more flexible to encourage more providers to offer services. Allow consumers to choose.
- Mr. Gutierrez, Director, CARE Program, St. Mary's Medical Center, noted the CARE Program has abstained from voicing an opinion so as to stay focused on its clients' issues. City of Long Beach issues include: limited access to Independent Physician Associations (IPAs) willing to accept Medi-Cal and Covered California, access to local mental health services, OA-HIPP, and care disruption due to disenrollment from Medi-Cal or auto-assignments from Cal-Medi-Connect.

- Nevertheless, this issue has become disruptive. He offered to engage in discussions to promote closure in the spirit of the CARE Program's mission since 1986 to provide service to those in need without discrimination or judgment. He apologized for a previous interaction with a provider seeking assistance in entering HIV care in Long Beach. He had insufficient time to address details to appropriately preserve CARE Program services. St. Mary's Medical Center has a RW contract and supports patient options. He was willing to discuss the possibility of an AHF sub-contract.
- Dr. Kushner, Health Officer, Department of Health, City of Long Beach, a separate Health Jurisdiction, noted he was not invited to participate in discussions, but should be involved going forward. Though it has a RW-funded clinic, the City lost Medi-Cal contracting post-ACA for a significant period of time because it could not identify an IPA with which to contract. The clinic lost one-third of its patients, but the issue was resolved and patients are returning. His experience underlines his basic support for patient choice. This matter should be resolved among the parties including the City.
- Mr. Land has always supported patient choice with 100% access and zero disparity. He has wanted RW to develop into a completely accessible system, but HRSA has not supported that. We are a system that addresses unmet need with a consumer service continuum developed to keep people in care. FFS supports system flexibility, but extending it across the County is a structural issue in a system with limited resources. Accessing the full continuum in all areas is critical.
- Sometimes it may be necessary to change a primary care provider or how services are received to access the full continuum since HRSA does not provide sufficient resources to fund a Medicaid-like system. Improved coordination among providers can help, but funds moved from one area to another can cause inequities in the area losing funds.
- Mr. Lopez noted undocumented consumers are ineligible for ACA so RW is their only option and choice is important, but it is also important not to reduce services in other areas. Rev. Escoto added peace of mind helps maintain care.
- Mr. King felt uncomfortable that not supporting the request is being framed as being opposed to consumer choice. He found that proposition untrue and manipulative. Mr. Lester added the discussion was characterized as system versus consumer, but the system serves many consumers satisfied with their current care who could be hurt by the request.
- Mr. Martinez agreed. Comments by Mr. Pérez and Dr. Kushner indicate some conversations with key stakeholders have not yet occurred. He felt a motion was premature until after those conversations and a report back.
- Ms. Enfield said, as a planner, it is a long road to improve services and access to care especially for marginalized populations such as the transgender community, but the Commission is taking the steps to do that for all consumers.
- Dr. Cadden agreed the matter is complex. It is important for patients to have access to care with which they are comfortable, but it is also important not to destabilize care for others. All parties should discuss the options.
- Mr. Johnson suggested a two-part recommendation to the Board: 1. as a core value, endorse patient provider choice as one of the most critical factors in any departmental contracting decision; and 2. as a core value, contracting departments need to have the flexibility within a contracting process to maximize patient provider choice.
- Mr. Pérez felt the proposed recommendation was way beyond the Commission's scope and fraught with legal issues.
- Ms. Tula agreed with the many others who felt it was too soon to make any motion. She found the presentation one-sided and sought more information. She did not want to propose anything that could put any County consumers at risk. She also felt a regular Commission meeting was not the appropriate forum to discuss this issue in detail.
- Mr. Fox noted he had not heard of this issue before and expected it was not as simple as presented. Decisions would change allocations and impact the system of care as a whole. He recommended PP&A review service care delivery in the area including the number of clients and clinics there. After that, the Commission could make a recommendation.
- Mr. Land, PP&A Co-Chair, said PP&A addressed a similar District 5 issue. It cannot address procurement, but would address service availability in a geographic area and impacts on other areas of reduced availability. Mr. Giugni agreed. He felt the last few meetings have slipped into procurement issues which are not the Commission's charge.
- Mr. Stalter brought volunteers to observe the Commission's work and felt it unfortunate this was not better managed to allow more time for other work. He felt the City of Long Beach was disparaged despite its excellent reputation.

**MOTION 3: (Fox/Smith)** Refer City of Long Beach/AIDS Health Care Foundation question regarding access to Los Angeles County Ryan White services to the Planning, Priorities and Allocations Committee to vet issues, hear data, assess service availability and report back to the Commission **(Passed by Consensus)**.

## 9. DIVISION OF HIV/STD PROGRAMS (DHSP) REPORT:

### A. Administrative Agency:

- Notices of Grant Awards are starting to arrive now that there are federal budgets. So far, they are at the 20% level of overall anticipated funding. There are no indications of deep cuts though one had a 1% travel line item rescission.
- DHSP will release a couple of RFPs starting by the end of January through the end of February. One will focus on the complex needs of young gay men of color and another on better meeting the needs of transgender persons.

- There is significant procurement activity in completing Commission recommendations to address the increase to the FY 2014 award. That work is concurrent with final negotiation of FY 2015 budgets. FY 2015 starts 3/1/2015.

**B. HIV/STD Services:**

- DHSP has shared spending projections with PP&A over the last year. PP&A was invited to discuss areas of potential expansion due to midyear projections of a substantial level of resources coupled with client migration, spending and staffing patterns. Dave Young will provide PP&A an updated projection which is likely to reflect lower savings.
- DHSP has also committed to offer a detailed response in March to the 30 or so expansion ideas PP&A developed.
- DHSP continues to work on a framework for biomedical intervention expansion. They are now primarily available through demonstration and research projects. The goal is to make them a more permanent part of prevention services.
- A series of meetings to that end will occur over the next few weeks. The first will be a final internal DHSP conversation to review the framework developed by Dr. Sonali Kulkarni, Mr. Vega-Matos, Mr. Baker and David Pieribone. The framework takes into account, e.g., the current system, its capacity and geographic distribution of resources.
- The second meeting will be a follow-up with DHSP's partners at DPH which has its own clinics. A separate meeting will be held with Department of Health Services leadership. DHSP will meet with the Commission as part of the sequence of meetings and keep it apprised of developments. There will also be meetings with the PEP/PrEP Work Group and private nonprofit partners. Final recommendations will go to the Board which has exhibited growing interest in PrEP.

**C. Research/Surveillance:** There was no report.

**10. CALIFORNIA OFFICE OF AIDS (OA) REPORT:**

**A. California Planning Group (CPG):** There was no report.

**B. OA Work/Information:**

- Ms. Kiburi, Chief, HIV Care Branch, reported her Branch released a revised HIV Care Program (HCP) and Minority AIDS Initiative (MAI) Progress Report template. OA will host an informational teleconference for contractors about the revised HCP and MAI template on 1/22/2015, 1:00 to 2:00 pm. The submission deadline is 2/27/2015.
- Governor Brown signed AB 1743 on 9/15/2014 as part of statewide efforts to reduce transmission of HIV and other blood-borne diseases. The law deletes the limit on how many needles/syringes a pharmacist or physician can provide without a prescription and how many needles/syringes adults aged 18 or older can possess for personal use.
- Recent research on nonprescription syringe sales indicates many pharmacists are unclear about the law. OA will host a free webinar on 1/12/2015 at 6:30 pm to clarify current law and address the important role pharmacists can play in preventing HIV and viral hepatitis. Pharmacists and other health professionals can register and receive free CE credits at the California Pharmacists Association website, [www.cdph.com/Non-PrescriptionSyringeAccessWebinar](http://www.cdph.com/Non-PrescriptionSyringeAccessWebinar). Additional information and resources are available on the OA syringe access web page, [www.cdph.oa.gov/syringeaccess](http://www.cdph.oa.gov/syringeaccess).
- The ARIES Team successfully deployed the second of two enhancements related to the 2014 RW Services Report (RSR) in December. Revisions to the RSR-related reports in ARIES will allow the 167 ARIES providers funded by one or more RW Parts to begin generating and quality-checking their client-level data reports for HAB submission later in 2015. Additional information about the enhancements and the RSR are in the January 2015 *The ARIES Advisor* newsletter on the OA website at [www.cdph.ca.gov/programs/aids/Pages/OAARIESNewsletters.aspx](http://www.cdph.ca.gov/programs/aids/Pages/OAARIESNewsletters.aspx).
- OA released an updated HIV Care Continuum based on 2012 data. California improved the percentage of virally suppressed PLWH compared to 2010 and continues to perform better than national averages. The fact sheet is available on the OA website at <http://cdph.ca.gov/programs/aids/Documents/HIVCareContinuum-2012.pdf>.
- ADAP Management Memorandum 2014-15, 12/15/2014, was distributed to ADAP Enrollment Workers (EWs) to provide them with the revised "Screening for Med-Cal and Covered California" flowchart and a "Comprehensive Health Care Coverage" fact sheet to assist in transitioning their clients to other payer sources if applicable.
- ADAP Management Memorandum 2014-16, 12/23/2014, was distributed to ADAP EWs to announce the addition of Cobicistat (Tybost) to the ADAP formulary. Cobicistat was approved by the Food and Drug Administration on 9/24/2014 and received unanimous approval for inclusion in the formulary by ADAP's Medical Advisory Committee. ADAP Management Memorandums are on the OA website at [www.cdph.ca.gov/programs/aids/Pages/OAADAPMM.aspx](http://www.cdph.ca.gov/programs/aids/Pages/OAADAPMM.aspx).
- Dr. Mark, Chief, OA reported Governor Brown planned to release his proposed budget on 1/9/2015 at 10:00 am. OA will host a stakeholder call later on 1/9/2015 at 4:00 pm with email notifications expected to go out shortly.
- Mr. Stalter reported there have not been the OA-HIPP Open Enrollment issues that there were last year. He asked about the OA office's experience and how long clients needed to wait for reimbursement after enrollment. Dr. Mark

replied OA has not received a large number of applications to date. Last year, the b=majority of applications were received near the end of Open Enrollment so that may happen again. She did not know the current wait time.

- Mr. Liso thanked OA for the improvement in OA-HIPP phone service. It was easier to connect and staff were better educated. If staff do not know something, they acknowledge that and get the information promptly. Mr. Rivera agreed.

**11. PARLIAMENTARY TRAINING:** There was no report.

**12. STANDING COMMITTEE REPORTS:**

**A. Planning, Priorities and Allocations (PP&A) Committee:**

- Mr. Land thanked DHSP for helping develop a schedule to meet legislative responsibilities in the next few months.
- ➡ PP&A will add the City of Long Beach service availability review to either its 1/20/2015 or 1/27/2015 meeting.
- ➡ Due to extra meetings in 2014, there was a significant backlog of PP&A minutes for review. Groups of minutes will be distributed prior to the January and February meetings for PP&A review in preparation for 2015 work.
- 1) **FY 2014 Revised Allocations:** ➡ PP&A will review and revise FY 2014 allocations at its 1/20/2015 meeting.
- 2) **FY 2015 P-and-A Setting Process:**
  - ➡ PP&A will set baseline FY 2015 allocations at its 1/20/2015 meeting.
  - ➡ PP&A will hear presentations on MCC and AOM at its additional January meeting on 1/27/2015.
  - ➡ PP&A will hear presentations at its 2/17/2015 meeting on prevention and Linkage to Care. it will also hear a report on My Health LA to address access for PLWH to general medical care not covered by RW, e.g., for a broken arm.
  - ➡ PP&A was considering several subjects for March including housing services gaps, service clusters, targeting health disparities and development of the required MAI plan.

**B. Operations Committee:**

- 1) **Membership Drive Update:** Operations was still interviewing. It hoped to have a slate to present by March 2015.
- 2) **Comprehensive Training Program (CTP):**
  - Mr. King reported Operations is reviewing both orientation training and continuing training needs.
  - ➡ Operations requested feedback from those who had previously received training on what was helpful for them, what did not work, what was essential and continuing training needs. Comments can be emailed to Mr. King, Mr. Green, Ms. McClendon or Ms Werner.

**C. Public Policy Committee:** ➡ The state budget, due for release 1/9/2015, will be discussed at the next meeting.

- 1) **Legislative Docket 2015:** Mr. Fox reported the California Legislature was back in session so bill ideas were being reviewed by potential authors and organizations. The deadline to introduce bills was the end of February.
- 2) **OA-HIPP:**
  - As noted earlier, OA-HIPP appeared to be doing better. HIV advocates around the state held a call shortly after the last Commission meeting with Dr. Mark; Gil Chavez, Director, Infectious Disease, California Department of Public Health (CDPH) and Dr. Mark's supervisor; and Ron Chapman, Director, CDPH.
  - The productive conversation stressed that provided programs must keep their promises to clients, but had not done so. Changes should be made immediately. There was also discussion about OA's direction and how it might take a more proactive role in California concerning issues that impact consumers.
- 3) **PrEP Scale-Up:** Mr. Fox said Public Policy is continuing to work with DHSP on how to best communicate to the Board the need to both expand PEP and develop comprehensive PrEP services.

**D. Standards and Best Practices (SBP) Committee:** There was no report.

**13. TASK FORCE REPORTS:**

- A. Comprehensive HIV Planning (CHP) Task Force:** ➡ The CHP Task Force will complete Annual Meeting follow-up under direction of the Executive Committee and will frame RW system needs to update the Comprehensive HIV Plan and for the Commission's report to the Board. Ms. McClendon will poll members in the next week or two to schedule the next meeting.
- B. Community Task Forces:** There were no reports.

**14. CAUCUS REPORTS:**

**A. Transgender Caucus:**

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- 1) **Transgender Summit:** Ms. Enfield reported the Caucus continues to meet and will host a conference on HIV including transgender issues at the Dorothy Chandler Pavilion on 2/10/2015. Multiple speakers include Dr. Stephen Burrell, Johns Hopkins. There will be provider and consumer tracks and CEUs will be offered. Registration begins at 8:00 am.

B. **Consumer Caucus:** The Caucus met after the Commission meeting.

C. **Youth Caucus:** There was no report.

### 15. HOPWA REPORT:

- Ms. Flynn said HOPWA completed the HOPWA program RFP. It is pending calendaring for the City's Housing Committee. After Committee approval, the City Council must provide final approval and the Mayor must sign it prior to release.
  - The PDF will be released for download from websites including: the City of Los Angeles, the City's Housing Department and the Los Angeles Homeless Services Authority. People may also email the City or Ms. Flynn for a copy of the RFP.
  - There will be a mandatory bidders' conference one week to 10 days after release to answer questions. Some \$11-12 million will be bid out. Some programs are sole sourced through public housing authorities and are not bid out.
  - Some HOPWA funds are used to leverage new construction with units set aside for PLWH. HOPWA has approved one project each in Rampart and Arlington. A third site is under consideration that would provide 10 units in Eagle Rock. Confirmation is being sought that the service provider is experienced in working with PLWH and the harm reduction model.
- ➡ Staff will provide a link to the HOPWA RFP on the Commission website once the RFP is released.

16. **CITY/HEALTH DISTRICT REPORTS:** There were no additional reports.

17. **SPA/DISTRICT REPORTS:** There were no reports.

18. **AIDS EDUCATION/TRAINING CENTERS (AETCs):** There was no report.

19. **COMMISSION COMMENT:** There were no comments.

20. **ANNOUNCEMENTS:** Mr. Donnelly said Life Group will host a free POZ Life Seminar for people infected and affected by HIV on 1/17-18/2015 in West Hollywood. For more information contact Mr. Donnelly or the Life Group website at thelifegroupla.org.

21. **ADJOURNMENT:** The meeting adjourned at 1:30 pm in memory of James Mason, HIV consumer, advocate and Benefits Navigator at the CARE Program, St. Mary's Hospital, Long Beach.

- A. **Roll Call (Present):** Cadden, Donnelly, Enfield, Ferlito, Flynn, Fox, Goddard, Granados, Green, Johnson, King, Kushner, Land, Liso/Lantis, Lopez, Martinez, Morales, Munoz, Pérez, Rios, Rivera, Rosales, Rotenberg, Samone-Loreca/Forrest, Smith, Tran/Lester, Tula, Watts

## MOTION AND VOTING SUMMARY

<b>MOTION 1:</b> Approve the Agenda Order.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION 2:</b> Approve minutes from the 7/10/2014 and 8/7/2014 Commission on HIV meetings, as presented.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION 3: (Fox/Smith)</b> Refer City of Long Beach/AIDS Health Care Foundation question regarding access to Los Angeles County Ryan White services to the Planning, Priorities and Allocations Committee to vet issues, hear data, assess service availability and report back to the Commission.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>